## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4/30/14	Street:	1217 SAGAMORE PARKWAY	
Incident #:	14ISPC003583	Apt, Lot, Room #:		
County:	TIPPECANOE	City:	WEST LAFAYETTE	
Type of Laboratory Seizure (check one) Se		Seizure Location	cizure Location (check all that apply)	
☐ Lab Seizure ☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, n	nulti-family dwelling: Shared HVAC	C: Yes No	Unknown	
<b>Items Found</b>	: Location (bedroom, kitchen, open air, e	tc) (check all that a	apply)	
One Pot or Birch Reaction(s): Red Phosphorous/Iodine Reaction(s): Hydrochloric Acid Gas Generator(s): Flammable Solvents: Water Reactive Metal (Lithium):		Corros Ammo	☐ Anhydrous Ammonia: ☐ Corrosive Acid: ☐ Corrosive Base: ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location): BEDROOM	
Child under	age 18 discovered (check appropriate)			
<ul> <li>Yes 1 (number present)</li> <li>No</li> <li>Children not present but evidence they reside or visit often</li> </ul>		□ unclead     □ uncle	Living conditions of home: ☐ clean ☒ disarray ☐ unclean Estimated length of time manufacturing had been occurring: N/A Additional Information: N/A	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report l	nas been faxed* or emailed to the fol	lowing agencies	that serve the location:	
Health Depar	ent: WEST LAFAYETTE FIRE tment County: TIPPECAONE CO. of Child Services Hotline: dcshotlinere	F	Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetan Officer: <u>WESLEE ENNIS</u> Phone	nine laboratory, c e <u>765-567-2125</u>	ontact	
*This form is to b	e faxed to the Fire Department. Health Depart	ment and/or Departr	ment of Child Services listed within 24 hours of	

scene processing.